

FORM AST-3

Virginia Aircraft Sales and Use Tax Return

Virginia Department of Taxation

P. O. Box 2185

Richmond, VA 23218-2185



Name of Owner(s) if Individual(s) - Use back of form to list multiple owners

Last, First, M.I.,

SSN

Name of Owner(s) if Corporation or Partnership - Use back of form to list multiple owners

Legal Business Name

FEIN

Address

City, State & ZIP Code

VA Acct. No.

1. Aircraft FAA Registration Number: N _____ Serial Number _____
2. Aircraft description: Make _____ ; Model _____ ; Year _____
3. Date Aircraft purchased: _____
4. Date Aircraft Licensed in VA: _____

If the aircraft is not licensed in Virginia and was used in Virginia for 60 days during any 12 month period, please indicate the earliest Month/Year this took place. Month _____ Year _____

5. Name and address of seller:

Name _____

Address _____

6. Sale price of aircraft, including attachments and accessories (No deduction allowable for trade-in. Copy of invoice must be attached.) \$ _____

6a. Less Federal manufacturer's excise tax. (Deductible only if included in amount on line 6 and separately stated on invoice.) \$ _____

6b. Amount of sale price of aircraft subject to tax. (Line 6 less Line 6a.) \$ _____

7. Current market value of aircraft (This item is applicable only if the aircraft is licensed in this State six months or more after its acquisition without this State, in which case the tax will be computed on the current market value, or sales price, whichever is less) \$ _____

8. Tax - 2% of amount on Line 6b, or Line 7, whichever is applicable \$ _____

9. Less credit allowable for a similar tax paid to another state or the Virginia Retail Sales and Use Tax paid by the owner on component parts for construction of the aircraft. \$ _____
(Attach copies of invoices showing tax billed & paid)

10. Net amount of tax due (Line 8 less Line 9) \$ _____

11. Penalty \$ _____

12. Interest \$ _____

13. Total tax, penalty and interest due \$ _____

INCLUDE YOUR REMITTANCE MADE PAYABLE TO THE DEPARTMENT OF TAXATION

I declare that this return (including any accompanying document) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature _____ Phone Number _____ Date _____

Contact Person

Phone Number

FOR ASSISTANCE CONTACT: Virginia Department of Taxation, P. O. Box 715, Richmond, VA 23218-0715 or call (804) 786-2450 or visit our web site at www.tax.virginia.gov .